

**COLLIN COUNTY
PERSONNEL ACTION FORM**

NAME: FORBES VERONICA		DATE: 4-26-89
LAST	FIRST	MIDDLE
SOCIAL SEC. NO.: 514-62-1176		DEPARTMENT: Tax Assessor

EMPLOYMENT	Employment Date: 5-1-89	Job Title: TITLE SPECIALIST (R6/B1)	SALARY: \$1371.00
Previously Employed:	Original Employment Date:	Separation Date:	Supervisor:
ELIGIBILITY DATES: (For Office Use Only)		Vacation Days:	Sick Leave:
		Insurance: (Medical)	Self Dependents

Salary and/or title change	Current Job Title	Current Salary	Range	Step
	New Job Title	New Salary	Range	Step
Reason: <input type="checkbox"/> Satisfactory Performance <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Exceptional Merit				

TRANSFER	FROM:	TO:	SICK LEAVE	Dates of Sick Leave:
LEAVE OF ABSENCE One Reason	FROM:	TO:		Previous Days Sick Leave Taken This Year:
RETURN	DATE:	<input type="checkbox"/> Ins. Notified		Was Doctor's Statement Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No

VACATION	Date Requested - From:	To:	Total Work Days Away	Previous Days Taken This Year
SEPARATION	Employment Date	Last Day Worked	Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain	
Vac. Pay No. Hrs.	Amt. Paid	Comp. Pay No. Hrs.	Amt. Paid	

<input type="checkbox"/> Voluntary Retirement	<input type="checkbox"/> Return To School	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Mandatory Retirement. Co. Policy	<input type="checkbox"/> Family Problems	<input type="checkbox"/> Reporting Under Influence of Alcohol
<input type="checkbox"/> Death	<input type="checkbox"/> Resignation For Other Reasons	<input type="checkbox"/> Drinking On Duty
<input type="checkbox"/> Illness or Injury	<input type="checkbox"/> Reduction In Force	<input type="checkbox"/> Destruction or Removal Of Co. Property
<input type="checkbox"/> Leaving Area	<input type="checkbox"/> Habitually Absent or Tardy	<input type="checkbox"/> Falsification of County Records
<input type="checkbox"/> Accept Other Job	<input type="checkbox"/> Unreported Absence	<input type="checkbox"/> Misconduct
<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Leaving Work Without Permission	<input type="checkbox"/> Other (Explain in comments)

How Many Days Advance Notice Given?

COMMENTS:

Dated this 8th day of MAY, 19 89

Wm J Roberts
COUNTY JUDGE

EFFECTIVE DATE: 5-1-89

4/27/89
DATE

EMPLOYEE (IF APPLICABLE)

DATE

DEPARTMENT HEAD

DATE

PERSONNEL DIRECTOR